CO	NFIDEN	TIAL 1	INFO	RMATIO	ON FO	RM (I	NFO)	
Do not file in a	County:		C	Cause Number:				
public access file.	COURT	CLERK:	THIS I	S A RESTR	RICTED	ACCESS	DOCUMENT	
Divorce/Separat						_		
☐ Domestic Violence ☐ Antiharassment ☐ Information Change (Check if you are updating information)								
\square A restraining order or protection order is in effect protecting \square the petitioner \square the								
respondent								
		rty of a pai	rty or chi	ild would be	jeopardiz	ed by disc	losure of address	
information because:								
Tì	ne following	informatio	on about	the parties i	is reauire	ed in all ca	ses:	
	_			_			es or children)	
Petitione	r Informatio	n	Type o	r Print only	F	Respondent Information		
Name (Last, First, Middle) Name (Last, first, Middle)								
Race	Sex	Birth	date	Race		Sex	Birthdate	
Drivers Lic. or Identicard (# and State)				Drivers Lic. or Identicard (# and State), (or, if				
27. Classification (in unit state)				unavailable, residential address)				
Mailing Address (P.O.Box/Street, City, State, Zip)				Mailing Address (P.O.Box/Street, City, State, Zip)				
The following in	formation is	roquired	if thoro	 ro_ohildron	involved	in the nre	acadina	
(Soc. Sec. No. is no								
Child's Name (La				`			,	
Child's Race/Sex/	Birthdate							
Child's Soc. Sec.	No. (If requi	red)						
Child's Present A								
Whereabouts								

Child's Name (Last, First, Mic	ddle) 2				
Child's Race/Sex/Birthdate					
Child's Soc. Sec. No. (If requi	ired)				
Child's Present Address or					
Whereabouts					
•	dresses of the pers	sons with whom the child(ren) lived during	ng the last five		
years:					
•	• •	son besides you and the respondent who	has physical		
custody of, or claims rights of	custody or visitat	ion with, the child(ren):			
Except for petitions in proteinformation is required:	ection order cases	s (Domestic Violence/Antiharassment),	the following		
Petitioner's Infor	mation	Respondent's Information			
Soc. Sec. No.:		Soc. Sec. No.:			
Residential Address (Street, C	City, State, Zip)	Residential Address (Street, City, State	te, Zip)		
Telephone No.: ()		Telephone No.: ()			
Employer:		Employer:			
Empl. Address:		Empl. Address:			
Empl. Phone No.: ()		Empl. Phone No.: ()			
Additional information:					
Addendum To Confidential	Information Form	is attached.			
true and accurate concerning m	nyself and is accura	of the state of Washington that the above ate to the best of my knowledge as to the ecause	other party, or		
Signed on	(Date) at	(City and State)		
	- !	Petitioner/Respondent			